If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage-Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

-WRITE

of OCCUPA-

Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

9564

1. PLACE OF DEATH	
County Anne Arundel County	Registration Dist. No.
Village or City Crownsville State Hospits	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs, 5mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maria Bailey	
(a) Residence: No. Montgomery County, Mary	18md Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1 female 2. Color or RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) widowed	21. DATE OF DEATH September 10th (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTII (month, day, and year) 1840?	April 5 , 19 25, to Sept. 10 , 19 35
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7; 30 Am. M.
95 ?   Unknown   or min.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic	Exhaustion due to senile dementia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and spent in this	-
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Mary Land (State or country)	Other Contributory Causes of importance: - Seneral Arteriosclerosis
置 13. NAME Unknown	
13. NAME UNKNOWN  14. BIRTHPLACE (city or town) UNKNOWN	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown  (State or country)	Accident, suicide, or homicide?
Hospital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT GOVERNMENT RESERVED TO MARYLAND	Specify which injury decented in the service, in noting of introduction in the service in the se
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cockville Date Dept 12, 1921.	Nature of injury.
19. UNDERTAKER Engene Ford	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 3 60 D. Capital Dt Nashn & C	If so, secify
20. FUED DX 11 1925 M.L. Jones	(Signatural M. D.
hod h Registrar	(Address) Crownsville Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

9565

1. PLACE OF DEATH	93.0
County a. a	Registration Dist. No.
Village or City and footes m	No/8 24 cle St. Ward
) (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (mary ann	Beall WITHIN CORPORATE
(a) Residence: No. / 6 24 cee 4	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1
(or) WIFE of John of Beall	1 HEREBY CERTIFY, Nat I attended deceased from
6. DATE OF BIRTH (month, day, and year) Leely 4 - 1862	I last saw her alive on leth 300 19 35; death is sald
7. AGE Years Mooths Days If LESS than	to have occurred on the date stated ebove, et 2. 30 m.
73 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	alluvelleste - Base of onest
SAWYER, BOOKKEEPER, etc.	Cardiocascular desease: 01931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Ipdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this coverage for more than the state of the second	mla
10. Date deceased last worked at 11. Total time (years)	" Chronic myscordition Dwesting:
O 10. Date deceased last worked at this occupation (month and year)	one years Cever
7-41: A	Other Contributory Capses of importance: / G 3
12. BIRTHPLACE (city or town) (State or country)	seculity - 1 17
13. NAME Centres Lamb	
14. BIRTHPLACE (city or town)	and the
(State or country)	What test confirmed diagnosis? Livelly Was there an autonsy?
15. MAIDEN NAME mars alivere	
15. MAIDEN NAME mary alwell  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
William of Beach	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) / 0 Hill st complate on	Specify wholies injuly becaried in Industry, in Home, of the Peace.
18. BURIAL, CREMATION, OR REMOVAL .	Menner of injury
Place A Come & Come Date Col 2 1930	Nature of injury
19. UNDERTAKER B & Hopping	24. Was disease or injury in eny way related to occupation of deceasad?
(Address) annapolet 100.	If so, specify
20 FUED //2 3 10 25 5 0 SWigglet	(Signed) / // / / / / Madeson M. D.
20. FILED 19.5. TYMAS GREGISTRY.	(Address) If Media II as
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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KVED	THIS -	
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MEGIN RESERVED FOR BINDING	UNFADING	1
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state UPA-	STATE O	F MARYLAND—	CERTIFICATE OF DEATH	9566		
		.1	63)			
should of OCC	County Anne Arunde	ville State Hos	Registration Dist. No.	./		
sh	Village or City CFOWIT	leath occurred 1 yrs. 4 mos	St., f death occurred in a hospital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign birth?yrs	Wa d number) .mos		
IAN men	2. FULL NAME James	Booker				
PHYSICIANS oct statement		norek Maryland (Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State		
PH	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH			
Y. Exa	3. SEX 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the word)	21. DATE OF DEATH September 18th (Month) (Day)	, 193		
A C T assified	5a. If married, widowed, or divorced HUSBAND of tory wife of Trene	Booker	22. I HEREBY CERTIFY, That I attended May 9th 19.24, to Sept. 18t			
	6. DATE OF BIRTH (month, day, and year)	1879	I last saw h im alive on Sept. 18th 193	5_; death is s		
stated E properly certificate.	7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at _4:45Pm M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of ons		
	8. Trade, profession, or particular	7 - 3	General Paralysis of the	Date of ons		
be pe	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Laborer	Insane	?		
should it may in back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					
F-7 40	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				
so t	12. BIRTHPLACE (city or town) Vil	rginia	Other Contributory Causes of importance: - Lile S	?		
rms	E 13. NAME Lond on Bo	ooker				
sup in to See	13. NAME Lond on Bo	Virginia	Name of operation Date of Was there a			
	置 15. MAIDEN NAME Carolin	je Sears	23. If death was due to external causes (VIOLENCE) fill in also the follow			
be carefully EATH in pla important.		ginia	Accident, suicide, or homicide? Date of injury Date of injury			
hould be OF DEA	17. INFORMANT HOSDITAL RE (Address) Crownsville	cords Maryland	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) PLACE.		
E E	18. BURIAL, CREMATION OR REMOVAL  Place Stury emos	G Date John 19.35	Manner of injury			
CAUS TION	19. UNDERTAKER A CALL (Address)	Elder H	24. Was disease or injury in any way related to occupation of receased?	0		
(1)	20. FILED 9/20, 1935	E 7 Joy of Registrar.	(Signess) (Abdress) (Abdress) (Abdress)	EDA M		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERROLL Y S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

SIAIL  1. PLACE OF DEATH	OF MAR	YLAND-	CERTIFICATE (	OF DEA	IH	9567
County anni	anna	0.0	WITHIN COMPORATE		Nat Na	) /
	, 0 ,		No Essera A	_ Registration D	M. No.	-
Village or City Asm	ryprus	(1)	No. Or Good of death occurred in a hospital or institution	on, give in NAME	instead of street and	number)
Length of residence in city or town w	here deeth occurred	yrsmo:	sds. How long in U. Stif of	foreign birth?	yrsr	nosds
2. FULL NAME Al	lip &	rus he	ars.			
(a) Residence: No.	Hester -	fre Oa	Stron Ward.			
PERSONAL AND STAT	(Usual place		MEDICAL CE		OF DEATH	d State
SEX 4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	4	OI DEATH	
male almi		D (write the word)	Dip	1:	//	, 193 - 2
a. If married, widowed, or divorced HUSBAND of	· / PM	1		(Month)	(Dáy)	(Year)
(or) WIFE of	Brent	hours-	22. I HEREBY	CERTIF		
- Syo materia	10 25	-1925		So 4 t	ept //	19 35
AGE Years Month	Deys	If LESS than	to have occurred on the date stated	66	J.m., 19.2.	5_; deeth is sai
99 8	22	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH			
8. Trede, profession, or particular		ormin.	Severance 1.	84.2.0	Caro	Date of onse
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Jalo	res	Trail verte	h.c. 0 (120	desal	6/1/3
9 Industry or business in which			157 lumb	a,)		77
work wes done, as SILK MILL, SAW MILL, BANK, etc	1		-			
10. Date decessed last worked at this occupation (month and year)	II. Iotal	time (years) ent in this supation				
199	17 - 4	upation	Other Cuntributory Causes of impor-	tance:		
(State or country)	The state of	Co	-			
1 -0 -110	Brech	2010				
	Bu- Thomas	*	Name of operation Lannu	nie c. ton	W D.14	6/2/3
(State or country)	m	1	What test confirmed diegnosis?	Operation	Was there on	autopsy? n
15. MAIOEN NAME	ic /20	nt.	23. If death was due to externel caus	es (VIOLENCE) fill		
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	1 6 Porch X	0	Accident, suicide, or homicide?	X	ate of Injury _6_	19.3
(Stete or country)		ea .	Where did injury occur? Las.		1.4.6.	ned
7. INFORMANT Christen	a Bras	heave	Specify whether Injury occurred In	Specify city or t INDUSTRY, In HON	own, county and Sta ME, or In PUBLIC P	LACE,
(Address) Chaste	robe Ca	thork	Indus	Luy.		then they
8. BURIAL, CREMATION, OR REMOVAL	l. So	Dx 91.25	Manner of injury Bout sky	red fell	uns l'a lou	a Cofte
Place 2022	Date	7.00,100	Nature of injury Martin	id verte	trae.	
9. UNDERTAKER (Address)	Amal	This	24. Was disease or injury in any we	y related to occupat	tion of deceased?	
20. FILED 9 - 19 3 3	- NOW	usel	(Signed) Hus e	uffm	12	M.
	A Alle	O Raistrar.	(Address) 55 S	onlyai	Z WE.	
If	more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requ	uesting V. S. No.	ı.	

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis CONTROL	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage OCT 7 1933	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chrek · Late of Birth on Certificate # 9567

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9568
1. PLACE OF DEATH	8
County anne arundel Co.	Registration Dist. No. 23
Village or City M. Linthi ceen	No. Hursery Rd St., Ward
Langth of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Goby Costulters	If U. S. Veteran, specify WAR.
(a) Residence: No. Mursey (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Simple White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Stellar Sept 27, 193 5  (Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hast saw h. & alive on Direct Cota 19 deeth is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2100 Pm.
None   lay,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Still Core Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) M. Linchiceson MS.	Other Contributory Causes of importance:
(State or country)	- Irana Toucher Vach
13. NAME Savid Franklin Corolles	
13. NAME Lavid Frankless Cotoulkers  14. BIRTHPLACE (city or town) Baltimon Md.	Nema of operation None Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy? 20.
15. MAIDEN NAME Edua Maire Kelly	23. If daeth was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Baltimone Kelly	Accident, suicide, or homicide?Date of injury19
(Stete or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Coupled helly Caruthers. (Address) W. Anthueur a. a. Co.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Stellar Sternat
18. BURIAL, CREMATION, OR REMOVAL Place Turing Park Date Sept. 28, 19.3.	Nature of injury Palto
19. UNDERTAKER JOHN O. Hilebell Fors	24. Was disease of injury in any way related to occupe from of deceased.  If so, specify the second of the second
20. FILED N. 8. degl., 1935 Callowell booding	(Signed) Chas & Ball, St. M. D.  (Addrass) Linchieum Hy M. M.
If more blanks are meded address State Periods	Address) Little Country Prince

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GCT 7 1935	8		
Other contributory causes of importance: V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

2. PLACE OF DEATH  County.  Co	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 9569	
County Village or City Village	1. PLACE OF DEATH			
Village or City. Annual puls Mill. Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  J. S. FULL NAME  (a) Residence: No.  Linguistic of the city of the ci	County a. C. let	)	Lambin Control	
Length of residence in city or town where death occurred yes most.  Length of residence in city or town where death occurred yes most.  St. Biologia ju V, Sit of foreign birth? yes most.  G. Residence: ND.  LUMANTAC SM.  LUS, Veteran apocity WAR.  Ward.  LUS, Veteran apocity WAR.  Ward.  LI nonresident give cay or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. SEX.  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWAD.  OR DIVORCED Correct be yes)  OR DIVORCED Correct be yes.  S. HER EBY CERTIFY That I attended deceased from the state state of the year of the ye		lis Sal	9.	Ward
2. FULL NAME  (a) Residence: ND.  (b) Manuface  (c) St.  Ward.  (c) Manuface  (d) St.  Ward.  (c) Manuface  (c) St.  MEDICAL CERTIFICATE OF DEATH  (d) Manuface  (d) Day (c) Man		(11	f death occurred in a hospital or institution, give its NAME instead of street and n	
(a) Residence: No.    According to the personal and State   St	Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR, RACE  D. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the gord)  So. If married, widowed, or divorced  HUSANO  GOTOWN WILL COLOR OR, RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the gord)  So. If married, widowed, or divorced  HUSANO  GOTOWN WILL COLOR OR, RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the gord)  So. If married, widowed, or divorced  HUSANO  GOTOWN WILL COLOR OR, RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the gord)  So. If married, widowed, or divorced  HUSANO  GOTOWN WILL COLOR OR, RACE  S. SINGLE, MARRIED, WIDOWED  S. HERE BY CERTIFY That I attended decessed from  192.  J. HERE BY CERTIFY That I attended decessed from  193.  J. J	2. FULL NAME	M. anoune	If U.S. Veteran specify WAR	
PERSONAL AND STATISTICAL PARTICULARS  3. SEN	(a) Residence: No.	ruschtor Ins		
21. DATE OF DEATH    A COLOR OR RACE   S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Cunite the year)   Sa. If married, widowed, or divorced HUSBARD of (OT) WIFE of				State
Sa. If married, widowed, or divorced Wischampards  Sa. DATE OF BIRTH (month, day, and year)  7. AGE  Se. DATE OF BIRTH (month, day, and year)  7. AGE  Se. DATE OF BIRTH (month, day, and year)  8. Trade, profession, or particular kind of work done, as SPINNER, Organization with a self of have occurred on the date stated above, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A	
HUSBAND OF  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day	male le voud		Sell - 14	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Delys  If LESS than  I day. hrs. or. min.  8. Trada, profession, or particular kind of work done, as SPINNER, Outpurs  Symmetry or business in which  Symmetry or business or importance  The Contributory Cauchy  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  Symmetry or town, business or injury  Symmetry or town, business or injury  Symmetry or town, business or importance  What test confirmed diagnosis?  Symmetry or town, business or injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  Address)  Date of marker  Manner of injury in any way related to occupation of decased?  What test or injury in any way related to occupation of decased?  What test or injury in any way related to occupation of decased?  What test or injury in any way related to occupation of decased?  What test or injury in any way related to occupation of decased?  What test or injury in any way related to occupation of decased?  What test or injury in any way related to occupation of deca	HUSBAND of		22. A LI HEREBY CERTIFY That Lattended	deceased from
T. AGE Years Months Days If LESS than I day, hrs. or min.  B. Trada, profession, or particular work was done, as SPINER, SAWYER, BDDKKEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Data deceased last worked at this occupation (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME **MONTHER DAYS **MONTH	(or) WIFE of		Selt 14 19131 to feet 14	19.3
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, Coystymen were as follows:  9. SAWYER, BDDKKEPER, etc. 9. SAWYER, BDCKEPER, Etc. 9. SAWY	6. DATE OF RIRTH (month, day, and year)	uly 10,1877	Hast saw h Lism alive on ACK 14 14 3 119	; death is said
B. Trada, profession, or particular kind of work done, as SPINNER, Oystynnamic kind of work done, as SPINNER, otc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BRAK, etc.  1D. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  By  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Churchian  Date  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Name of injury  Name of operation  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way related to occupation of deceased?  16. Occupation  Name of operation  Nam		Days   If LESS than	to have occurred on the date stated abova, at 1/1.45.7.m.	
8. Trada, profession, or particular kind of work done as SPI NNER, Oydername Work was done as SPI NNER, Oydername Work was done as SPI NNER, Oydername Work was done as SPI NNER, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spant in this occupation)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Thou Morring A. A. D. Morring  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Virginia Office of Country  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATIDN, OR REMOVAL Place Characters Date Office of Country  19. UNDERTAKER ALMANA (State or country)  19. UNDERTAKER ALMANA (State or inpury in any way related to occupation of deceased? (Address)  19. UNDERTAKER ALMANA (State or country)  19. UNDERTAKER ALMANA (State or inpury in any way related to occupation of deceased? (Address)  18. DURDERTAKER (Address)  19. UNDERTAKER (Address)	58 3		Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
Description occupation of deceased?  12. BIRTHPLACE (city or town)	8 Trada, profession, or particular	iternean i	1	Oate of onset
Description occupation of deceased?  12. BIRTHPLACE (city or town)	SAWYER, BDDKKEEPER, etc.	harhente	Merioschina - Cardis -	1931
Description occupation of deceased?  12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	20271	Carula dulan	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  Place  Churchites  Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Lack  Lac		spant in this		
State or country)    13. NAME	G. G.	. Bo.	Dther Contributory Causes of importance;	Lat-143
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Churchton  Date  Date  Mas there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, founty and Staje)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  Address)  19. UNDERTAKER  Address  Mas there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Mere did injury occurr?  (Specify city or town, founty and Staje)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  Address  19. UNDERTAKER  (Address)	12. DIKTHPLACE (City of town)		- species reserves	h /- 142
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Churchton  Date  Date  Mas there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, founty and Staje)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  Address)  19. UNDERTAKER  Address  Mas there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Mere did injury occurr?  (Specify city or town, founty and Staje)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  Address  19. UNDERTAKER  (Address)	13 NAME - 3/hos. Paros	uner	- warman	Y
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Churchton  Date  Date  Mas there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, founty and Staje)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  Address)  19. UNDERTAKER  Address  Mas there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Mere did injury occurr?  (Specify city or town, founty and Staje)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  Address  19. UNDERTAKER  (Address)	HE CONTRACTOR OF THE CONTRACTO	C. Con	Name of annual land of the lan	
15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Churchtes  Date  Date  19. January  (Address)  23. If death was due to extarnal causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, founty and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Churchtes  Date  Date  19. January  Nature of injury  19. UNDERTAKER  (Address)  19. January  19. UNDERTAKER  (Address)  19. January	(State or country)	O.,	· Planta a	utonev? W
17. INFORMANT Survey Survey Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Churchtes Date Sept 22, 193  19. UNDERTAKER Grant	15. MAIOEN NAME Vinginia	. Alunt		4
17. INFORMANT Survey Survey Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Churchtes Date Sept 22, 193  19. UNDERTAKER Grant	1 G. G	a les		1
17. INFORMANT Sury Synots  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Churchine Date Sept. 22, 193  19. UNDERTAKER Survey Synots Date Sur	State or country)		Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL Place Churchtes Date Sept 22., 193  Nature of injury  Nature of injury  19. UNDERTAKER GUMAN (Address)  19. UNDERTAKER GUMAN (If so, specify)  19. UNDERTAKER GUMAN (If so, specify)		Sport	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
Place Churchton Date Suft 22, 193 Nature of injury  19. UNDERTAKER Burnel C. Hardesty  (Address) Schwalle Ord. If so, specify  If so, specify	1/-1	oneworne.	Manner of injury	1
19. UNDERTAKER Almard O Australia 24. Was disease or injury in any way related to occupation of deceased?  (Address)  If so, specify  If so, specify	00 1-4	Date Sept 22 1935		
(Address) Statisfelle Ond. 1 If so, specify	Bussel	11/16.1.4		1/1/
1 think I want to the state of		18 Susay	A- (	166
	7	aland .	(Signed) USTON L. Cuedura	84 10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. D.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N RGIN RESERVED FOR BINDING	THIS IS A PERMANENT REC
RGIN RESERV	TH UNFADING INK-T
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state d. Every item of inforExact statement of OCCUPA.

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County Anne Arundl	Registration Dist. No.
Village or City Millersville Md	NoSt,Ward
30	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?wrsmosds.
1 VII A North of	Admid = = 1
2. FULL NAME ATTACK SAFAMILL	War Specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced	(month) (oay) (rear)
HUSBANO of (or) WHFE or// sensible like is some did mall	22. I HEREBY CERTIFY, That I attended deceased from
Inginia o seximo o proces	- 23/MDrdl , 1935 , to 20 0 , 1930
6. DATE OF BIRTH (month, day, and year)	I lest sew h alive on 7
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to have occurred on the dete stated above, at A
34 9 ormin.	were as follows:
8 Trede, profession, or pertiodiar kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	- f
SAWYER, BOOKKEEPER, etc.	- Immonary Jouranies S
work was done, as SILK MILL.	
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (nonth, and 12 spent in this spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	non
(State or country) South Control	
II 13. NAME / a Shane	
13. NAME / A X A A A L L L L L L L L L L L L L L L	Name of operation Date of
(State of Country)	What test confirmed diagnosis? —fullulud Was there an autopsy?
15. MAIOEN NAME A MILE STREET	23. If death was due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SUPERIOR DANIES	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CRÉMATION, OR REMOVAL	200
Place St Stephens Oote Sent 23 1035	Manner of injury
Ask Cod	Neture of Injury.
19. UNDERTAKER Com & Daniel	24. Was disease or Injury in any way related to occupation of deceased?
(Addressy) 7/8 Zicht St	If so, specify
20. FILED 772 , 1935 PM Dalbo Registrar.	(Signed) All Will M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Servicial de la latina Maria de la latina
Leondwife now leving Virginic Sickinson married 1919

V. S. No. 1

County U - U.	Registration Dist. Np.
Village Dr City	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	Donaldson
(a) Residence: No. A source (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prize the word)	21. DATE OF DEATH  September 23, 1935  (Month) (Day) (Year)
b. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from
	, 19, to
DATE OF BIRTH (month, day, and year) May 8- 1914	1 last saw h; death is said
AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm.
2/ 4 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Internal Hemormage
kind of work done, as SPINNER, Famels SAWYER, BDDKKEEPER, etc	due to flytomobile
work was done, as SILK MILL, SAW MILL, BANK, etc	1700 dent
10. Date deceased last worked at 1927 11. Total time (yeers) /_	
this occupation (month and year) spent in this occupation	
2. BIRTHPLACE (city or town) a a . Co m	Dther Contributory Causes of Importance:
(State or country)	
13. NAME Wilber Woraldson	
13. NAME Welber Woraldson  14. BIRTHPLACE (city or town)	Name of operation
(State or country) a -a- as m	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME may be may her	23. If death was due to external causes (VIO), ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Itsider Date of injury 9/23 1938
(State or country) a · a · co m	Where did injury occur? Itune Hymsel (6 4 4ty 1
INFORMANT willew Non aldson	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Crownwelle m	1 1 1
B. BURIAL, CREMATION, OR REMOVAL AND SELLE 25 35	Menner of injury Hutoma by le fice i detal
Place Programme Date 19	Nature of injury Internal Hemorrhage
9. UNDERTAKER A THOMPSON	24. Was disease or injury in eny way elated to occupation of deceased?
	- Cor

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
		and the second s	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of in	s p	CCU	1
em	nous	00	
y H	20	t of	
Ever	IAN	men	
	SIC	state	
5	PHY	act s	
RE	Υ.	Exg	
ENT	LL	ed.	
ANI	A C	ssifi	
RM	X	cla	4
PE	I pa	erly	inate
SI	state	prop	artif
SII	be	be	0 30
TI	Plu	nay	Jon
NK	sho	it n	d mo
₹G.1	4GE	that	2 20
VIQ.	j.	os ,	
NFA	plie	rms	metr
U	dns	in te	000
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Y, V	aref	H in	ant a m
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Ž	plu	F DI	PION is now important Cas instructions on back of certificate
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N. B.-WRITE

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	83			
County Anne Arundel	Registration Dist. No. 21			
Village or City Crownsville State	HOS No. 18   St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. 5 ds. How long in U.S. if of foreign birth?			
2. FULL NAME John Does (James A.				
(a) Residence: No. Anne Arundel County, (Usual place of abode)	Mastyland Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
male black OR DIVORCED (write tha word)	September 10th (Day) (Year)			
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year)	April 6th 1935 to Sept. 10 1935 last saw h im alive on Sept. 10th 1935 death is said			
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 11:25P.M.			
45 Unknown laday,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this progration (month and specific property).	General Paralysis of the Insane			
SAW MILL, BANK, etc				
12. BIRTHPLACE (city or town) New Jersey (State or country)	Other Coatributory Causes of importance: Syphilis			
# 13. NAME Unknown				
13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of			
	What test confirmed diagnosis?			
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place 100 pilal Censolary Date 9/12 192	Manner of injury  Nature of injury			
19. UNDERTAKER D. R. P. Wrulerode Suff. (Address) Walesbury Mix 20. FILED 9/12, 1935 E. F. Jayre. Registrar.	24. Was disease or injury is any way related to occupation in diseased?  If so, specify  (Signed  M.D.  Address: Maryland			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	- 151.
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 7 1955	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			a ango ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA.

1	. PLACE O	F DEAT		I MIAT	TLAND	THIN COAT 9573
	County	anne .	Arundel			Registration Dist. No. 2 /
				s. Mar	yland.	No
				A 2		
			y or town where d		yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  Spanish Amr. war
2	. FULL NA		Daniel			11 U. S. Veteran, specify WAR WOTLD War
	(a) Resider	nce: No	34 East	Stree 1		St., / Ward. Annapolis, Md.  If nonresident give city or town and State
	PERSON	NAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH
3. S	Male		or RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH September 12th (Month) (Day) (Year)
5a.	If married, widow HUSBAND of					
	(or) WIFE of	Dals	y A. Du	nne	FE 12 (12 - 4)	22. I HEREBY CERTIFY, That I attended deceased from 11 September 1935, to 12 September 35
6 T	ATE OF RIRTH	(month day	, and year) 19	Dec. I	L875	I last saw him aliva on 12 Sept., 19 35; death is said
		ars ars	Months	Days	If LESS than	to have occurred on the date stated above, at 9:308 m.
	5	59	8	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	. Industry or	work done, a R, BOOKKEEI business in	PER, etc.	S.N.,Re		r, Nephritis, chronic Unknown
2000	10. Data decease this occurrence year)	sed last work ination (mon 6 De	ked at ith and 1920	11. Total	time (years) ent in this cupation 20	
12.	BIRTHPLACE (c (State or cou	ity or town).		rk City	7	Other Contributory Canses of importance: Coronary sclerosis
ER	13. NAME DE	aniel	Dunne	20		
FATHER	14. BIRTHPLAC (State o	E (city or to r country)	wn) Ire	land		Name of operation None performed Date of
띮	15. MAIDEN NA	ME U	nknown			23. If death was dua to external causes (VIOLENCE) fill in elso the following:
MOTHE		E (city or too	wn) Unkn	own		Accident, suicide, or homicide? Date of injury 19
	(Address) [	ISN H	ospital	Annapo	C) U.S.N.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMA	TION. OR R	EMOVAL- U.S	Naval	Cemetery, Sept., 19 35	Manner of injury
19.	UNDERTAKER (Address	ohn louce	M. Tayl	or 188	B Duke of oolig, Md.	24. Was disease or injury in any way related to occupation of deceased? No •
00	FILED 9	13.	35	Mar	of ter	(Signed) L.R. NEWHOUSER, M.D. (Address) U.S. Naval Hospital Annapolis, M.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ANDEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4 6 ( 9 ( 1.44	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N DOUBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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Įį.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Vuly 5,1927	Perilonilis	3 days ago
14	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Vuly 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  Vuly 5,1927  Peritonitis  Other contributory causes of importance:

V. S. No. 1

		4)		
	nfor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	JPA.	
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	ry it	SZ	nt o	
	Eve	CIA	eme	
	aD.	YSI	stat	
	SCO	PH	act	
	RE	Y.	Ex	
5	ENJ	TI	ed.	
DIN	IAN	AC	ssifi	
NIN.	ERM	EX	cla.	e.
<b>23</b>	A P	ed	erly	ficat
FO	IS	stat	prol	certi
A GIN RESERVED FOR BINDING	HIS	pe	pe	Jo
RV	T	pluc	may	ack
SE	INK	she	t it 1	on l
RE	5 Z	AGE	that	ons
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	Y, V	aref	H in	rtar
	N	be'c	PAT	impo
4	LA	nld	a L	ery
	E	sho	E 0	is v
	RIT	tion	INS	TION is very important. See instructions on back of certificate.
10.1	N. B.—WRITE PLAINDY, WITH UNFADING INK-THIS IS A PERMANENT RECOAD. Brery item of infor-	ma	CA	II
V. S. No. 1	1. B		1	T
>	1		1	1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	577
1. PLACE OF DEATH		92-0	
County		Registration Dist. No.	/
Village or City	faction .	ND. 31 St.,  If death occurred in a hospital or institution, give its NAME instead of street and num	War
Length of residence in city or town where death		sds. How long In U.S. if of foreign birth?yrsmos.	
2. FULL NAME UNIL	my The	mtt -	
(a) Residence: No. 3 5 34	(Usual place of abode)	St., Ward. If nonresident give city or town and Ste	ate
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self (Day)	93 J (Year)
HUSBAND OF CONTROL WIFE OF TRANSPORT	and .	2. HEREBY CERTIFY, That I attended dec	eased fro
6. DATE OF BIRTH (month, day, and year)	69 1884	I last saw h and alive on 19 a	death Is sa
7. AGE Years Months	Days  If LESS than  1 day,hrs.  ormin.	The FRINCIPAL CAUSE OF DEATH and terated causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ittles -	Butanto Bestral Endolarditio 9	Date of onse (937
SAW MILL, BANK, etc	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) (Stata or country)	Beas Co	Dther Coutributory Causes of Importance:	
13. NAME Commit	Santo		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Co Inel	Name of operation. Date of	- hs
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  17. Address  18. MAIDEN NAME  (State or country)	Sents Cen mol. Santi	What test confirmed diagnosis?	, 19
18. BURIAL, CREMATION, OR REMOVAL	nate 34/2/1/4, 1935	Manner of injury	
19. UNDERTAKER 30 (Addisss)	maple	24. Was diseasa or injury in any way related to occupation of deceased?	<b>10</b>
20. FILED 9 / 3 19 33	Mungh, kegistrar.	(Signed) The Wash of auntable	had:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYDDITIONTAL	DI ALCIA	TOIL	T. OTOTITION	DIATEMATE	17 1	T YE T DIOTOTALL

certificate.

See instructions on back of

TION is very important.

-WRITE PLA

N. B.

of OCCUPA-

Every item of infor-

1. PLACE	OF DEATH			(23)	
County	Anne Ar	undel		Registration Dist. No. 23	
	City CROWNSV		_ <sup>+</sup> (If		Ward
2. FULL N	75-441	w Gayden			
***	******		ty. Maryl	2nd, Ward.  If nonresident give city or town and St	ate
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex	4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE M&TT	RIED, WIDOWED, D (write the word) 1 e d	21. DATE OF DEATH September 3rd (Month) (Day)	193. <b>5</b> (Year)
5a. If married, wide HUSBANO of (er) WIFE of	owed, or divorced Priscill	a Gaydei	n de la lace	22. I HEREBY CERTIFY, That I attended de May 9th 19 34, to Sept. 3rd	
6 DATE OF BIRTH	(month, day, and year)	1896 ?	To the second	last saw h im alive on Sept. 3rd 19 35;	
7. AGE Y	ears Months	Days no Wn	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at . 8 : 30 Ang. M •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oete of onset
8. Trada, pro	fession, or particular work done, as SPINNER, R, BOOKKEEPER, atc	Unkn	own	General Paralysis of the insan	
9. Industry o	r business in which vas dona, as SILK MILL, IILL, BANK, etc		-		
10. Data dece	ased last worked at cupation (month and	- spa	ime (years) nt in this		
12. BIRTHPLACE (				Other Cuntributory Causes of importanca:	?
13. NAME	Unknow	n			
14. BIRTHPLA	CE (city or town) or country)	Unknow	a	Name of operation Date of What test confirmed diagnosis? Was there an aut	
15. MAIOEN	NAME Unkno	wn	the Burger	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:	0,00,1111111
16. BIRTHPLA	CE (city or town) or country)	Unknow	wn	Accident, suicide, or homicide? Oats of Injury  Where did injury occur?	, 19
	Hospital R Crownsvi		rvland	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREM	ATION, OR REMOVAL	Date Gest	7 ,1935	Manner of injury	
19. UNOERTAKER/	Joseph a. L.	wely.	'ernog. ma	24. Was disease or injury in the way related to occupation of deceased?	Q
20. FILEDDE	13 , 1935 Cal	walln	To druft Registar.	(Signe) (Address) CTOWNSVIIIe MSTYLENG	3. M. D.
	If more	blanks are needed.	address State Registrar	2417 N Charles Street Baltimore Requesting T. S. No. 1.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9579
item of should of OCC		Registration Dist. No. No. No. No. No. No. No. No. No. No
KD. Every YSICIANS statement	2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
H t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RE	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH LEST 9, 1933 T
NDING RMANE X A C T classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. SHEREBY CERTIFY. That I attended decoased from
<b>-</b>	6. DATE OF BIRTH (month, day, and year) Sept -9,1935	I last-saw in 12 allive on 19 death is sa
4 4	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Saram.
IS A I stated properly ertification	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
THIS II ould be so may be p	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Alellora Cheld
INK INK E sh t it	SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	Other Coatributory Causes of importance?
DIT. So setil	12. BIRTHPLACE (city or town) anafestio. mx (State or country)	Still-ban-Clud forg
Sur n to ee	13, NAME James Jones Jones 14, BIRTHPLACE (city or town)  (State or country) Q Q Q Q	Name of operation. 1431
F 5.5		What test confirmed diagnosis?
LY, care	15. MAIDEN NAME anglla. Height 16. BIRTHPLACE (city or town) (State or country) annalogical	23. If death was due to external causes (VIOLENCE) fill in else the following Accident, suicide, or homicide?
	17. INFORMANT James 3 omaljak	Where did injury occur?
	18. BURIAL, CREMATION, OR REMOVAL Place Mary's Date Sept 9-, 1935	Manner of injury
B.—WRITE mation s CAUSE TION is	19. UNDERTAKER B. I Happonies (Address) ann april - mis	24. Was disease or injury in any way related to occupation of deceased?
Ż .	20. FILED 7 19 35 Allens Registrar.	(Signed) (Address) (Address) (Address)

Registration Dist. No.	
Not mergency Hoghelalst, W	ard
f death occurred in a hopital or institution, give its NAME instead of street and number)	
ds. How long in U.S. If of foreign birth?yrsmos	_ds.
naljak	
St., Ward. WITHIN CORPORATE	
If nonresident give city or fown and State	Concession of the last of the
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH VOIL 9	-
(Mojah) (Day) (Year)	,
22. IHEREBY CERTIFY, That Lattended deceased f	
Lestouber 9,0643 15 Feb 9 1981	TOIL
I last saw h. 22 alive on 10 death is	eaid.
to have occurred on the date stated above, at SOTA.m.	Saru
The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
were as follows: Date of on	set
TO THE STATE OF TH	
of teletone they	
Other Coatribatory Causes of importance?	
Other Contributory Causes of Importance:	
Stell-bon Clive Feb	9
193	1
Name of operation.	7
What test confirmed diagnosis? Was there an au'opsy?	1)
23. If death was due to external causes (VIOLENCE) fill in else the following	
Accident, suicide, or homicide?	
Where did injury occur?	
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Specify whether injury occurred in the bostki, in nome, of in Public Place.	
Manner of injury	
Nature of injury.	
A. A.	
24. Was disease or injury in any way related to occupation of deceased?	
10/10/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	4 D
(Signed) (Address) (Address) (Address)	Ι. υ.
" (Audiess)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A	1	]	Č	ľ	1	L	1	A	į		I		7		(	(	ſ	]	5	1 43	6		7	ľ	Š		[	}	Į	]	)	F	Ĭ	]				7.	¥	J	3	1	3	B	ŀ	]		3	75		I	]		1	1	1		Ī	E	I		1	V	No.	Ç	B	1	1	ľ	1		1	1	A	Ė	1	1		ľ	ľ	I	1	1	1	)	5	3	3	S	S	S	S	S	S	S	S	2	2	2	7.0	7.5	64	64	64	64	64	64	5	5	5	5	5	5	-	1												3	3	?	?	3	R	R	ß	ß	R	Î	ľ	ľ	ľ	ľ	ľ	F	I	I
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S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUZAUV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

Every item of inforplnods STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEAT	TH	1 1/1/ // /			582
County Anne Arundel					Registration Dist. No.	
\	Village or CityCr		5	, (If	B1 No. St., death occurred in a horpital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?	
1	2. FULL NAME	Wil	liam Ha	rrison		
	(a) Residence: No	Cha:	rles 60 (Usual place	unty, Mal	rykend Ward.  If nonresident give city or town and S	itate
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 19th (Month) (Day)	193_5 (Yeer)
5e.	If married, widowed, or divo HUSBAND of (or) WIFE of	unknown			22.   HEREBY CERTIFY, That I attended do October 13 1911, to Sept. 19th	
6.	DATE OF BIRTH (month, day	, end year)	1876		I last sew h im elive on Sept. 19th 1935;	
7	AGE Years 59	Months Unkn	Days OWN	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 10 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Farm hand SAWYER, BOOKKEEPER, etc.				Respiratory failure due to operative and ether shock 10	0 Min
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Unknov	vn.		
000	10. Date deceased last wor this occupation (more year)	ked et	spe	ime (years) ent in this upation		
12	. BIRTHPLACE (city or town) (State or country)		aryland	1	Other Contributory Causes of importance: Hirschprungs disease	?
ER	13. NAME	Jnknown				,
FATHER	14. BIRTHPLACE (city or to (State or country)	own) U	nknown		Name of operatio Hirschprungs diseas a of 9 / What test confirmed diagnosis? Was there an even	
IER	15. MAIDEN NAME	Unkn	own		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)	Unkr	nown	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17		ital Re		rland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18	BURIAL SREMATION, OR F			1, 180	Manner of injury	
19	. UNDERTAKER D. G. (Address)	1.Wi	ulers.	de Luph	24. Was disease or injury in thy way related to occupation of recessed?	)
20	FILED 9/19.	135 2-	7. 10	Registrar	(Signed Trownsville, Maryland	M. D

N. B.-WRITE PLA

TION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of

should state of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10320

1. PLACE OF D	EATH			<u> </u>		
County Am	ne Arundel			Registration Dist. No. 27		
				If U.S. Veteran specify WAR. World War		
2. FULL NAME		W		II U.S. veteran specify WAR.		
(a) Residence: N	o.Odenton, 1	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
	olor or race white	5. SINGLE, MAI OR DIVORCE Larri	RRIED, WIDOWED. D (write tha word)	21. DATE OF DEATH  September 22 , 193 5 (Month) (Day) (Year)		
5a. If married, widowed, or HUSBAND of (or) WIFE of Kat	divorced herine Higg	ginbothan		22.   HEREBY CERTIFY, That I attended deceased from 10:45PM, Sept 22,1935 to 11:10PM, Sept 22,1935		
6. DATE OF BIRTH (month	, day, and year) $\mathbb{F}^{\epsilon}$	eb. 25, 1	.891	Hast saw h_im_alive on September 22, 19.55; death is said		
7. AGE Years	Months 7	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 11:10Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
10. Data deceased last	, as SILK MILL, 34- NK, etc	11. Total	ima (years)			
12. BIRTHPLACE (city or to	own) Pen s		upation	Other Coutributory Causes of Importance:		
(State or country)	Unknown			Arteriosclerosis, Generalized.		
13. NAME  14. BIRTHPLACE (city (Stata or count	or town)			Name of operation Date of Was there an au'opsy? Yes		
15. MAIDEN NAME	Unknown			23. If death was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME  16. BIRTHPLACE (city (State or coun)				Accident, suicide, or homicide?		
17. INFORMANT(Address)				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, Placa Fte 10	or removal ade, 11d.	DateSept.	25 , <sub>19</sub> 35	Manner of injury		
19. UNDERTAKER ROD (Address)	ert Brooks	& Son.		24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 9-23	, 19.3.5	C.E. Free	man Col.	(Signed) B. MORRIS, Major, M.C. M.D. (Address) Fort George G. Leade, Md.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	7	Example II		
The principal cause of dof importance were as for	ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 14 1955	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis .	3 days ago	
Other contributory cause	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis •	1 year	

The state of the s	
. 355	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
V.S.			
Other contributory causes of importance:	/_/_	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	S COSTOSTE LINE S OF &
County anne arundal	Registration Dist. No.
Village or City annapolis	No. Emergency Hospital St, 1 Wa
Length of residence in city or town where death occurred vrs	(If death occurred in a hospital or institution give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmos.
2. FULL NAME Baker Hunting	100
(a) Residence: No. Shipshoria ht S	St. Wardennapolis md.
(Usua) place of abode)	nonresident give city or town and State
PERSONAL AND STATISTICAL PĂRTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word	
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of	22. INHEREBY CERTIFY, That I attended deceased f
(6) 1112 01	27 ,1931 ,10 foff 27 ,193
6. DATE OF BIRTH (month, day, and year) 47/33	i last saw h; deeth ls
7. AGE Years Months Days If LESS the	
Toma alen Alaus 4 kes North min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	Tomober & run
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end pear) occupation occupation	Nortopennel.
0 0 2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Levie B Hunting lace for	Whichen
13. NAME From 13 Heerburg love fr  14. BIRTHPLACE (city or town) New Rechelle	Name of operation Date of
(State of country) Year york	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Edna Lindell Knowle	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Coper	Accident, suicide, or homicide? Date of injury, 19
(State or country) North Carolina	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ( Offa d. Attribute after (Address)	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMINITION, OR REMOVAL 2007 Date Sept 28, 19.	Manner of injury
Call of the state	
19. UNOERTAKER Action of January Can	24. Was disease or injury in any way related to occupation of decrassod?
20. FILEO 927, 19 35 Mulh Registral	(Signed) (Address) (Address)
If more blanks are needed, address State Resis	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HIK!				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

(Address)

(Address)

19. UNDERTAKER

		STATE (	OF MARY	/LAND-	CERTIFICATE OF DEATH 9584
1	. PLACE O				(159)
	County	A. A.			Registration Dist. No.
		CitySt_e		lfe (	NoStWard death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2		ME Florence nce: No. St. I		3	St., Ward.  If nonresident give city or town and State
COURT	PERSON	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
è	Male	Collonede	5. SINGLE, MARR OR DIVORCED Single	(write the word)	21. DATE OF DEATH Sept. 2I 1935 (Yeer)
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced	1		22. CHEREBY CERTIFY. That I attended deceased from  1935, to Supply 2, 1935
6.	DATE OF BIRTH	(month, day, end year)			I last saw hele alive on Supt 30 , 19.3 5; death is said
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year) 1 1 2 3 5 6.  7. AGE Years Months Bays If LESS till 1 day,			I3 Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 • A an M •  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
TION	kind of SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc			manistin 6/6/2
UPA:	work wa	business in which is done, as SILK MILL, LL, BANK, etc			173
000	this occi	sed last worked et upation (month end		me (years) t in this pation	
12.	BIRTHPLACE (c	ity or town) C	argretts		Other Contributory Causes of importance:
تا اع. NAME John Woodard					1 - Comar-cast 9
FATHER	14. BIRTHPLAC	E (city or town)St r country)	, Margre	ts	Name of operation Date of What test confirmed diagnosis? Wes there an aulopsy?
ER	15. MAIDEN NA	AME Louise	Ireland		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER		E (city or town)St		.s	Accident, suicide, or homicide?
17	INFORMANT	Lvdia Port	er		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Neture of injury

24. Was disease or injury in any

1935

Johnson

Annapolis,

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCI 7 1600				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11111	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 9585
1. PLACE OF DEATH	49-20
County/sme frundel	Registration Dist. No. 2
Village or City Millusullo	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds How long in U.S. if of foreign birth? 11 U.S. Vetwran mos. ds.
2. FULL NAME Savilla & Xo	nns
(a) Residence: Nor Millersouls 7	Specify War
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, of divorced HUSBAND of	
(or) WIFE of Milliand Johns	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lew 21. 1886	I last saw her alive on find 5 1925; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at M. Mro.
1/6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	were as follows:
No National State of the Control of	When a start of
9. industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/
SAW MILL, BANK, etc.	-
Spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Melastanis
13. NAME James My Admilly	
13. NAME / A MINISTRY HAMILIAN  14. BIRTHPLACE (city or town) A WWA CO part	Name of operation 19
(Stata or country)	What test confirmed diagnost? Was there an autopsy?
15. MAIDEN NAME Mary & Slevens	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (asy of Sevens) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) - left frames	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OME (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lellemon Date 1933	Nature of Injury
19, UNDERTAKER Thelians Logis	24. Was disease or injury in any way related to occupation of deceased?
(Address) 12/19 of Jan 83	If so, specify
20 EUENER 8 135 meren 01-	(Signer) forest V. Chemout & M. D.
20. FILED Registrar.	(Address) 1123 St Paul St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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death and related causes follows:	Date of onset
-0110 (10)	17-2
	1 week ago
	1 week ago
	3 days ago
ses of importance:	
	1 year
	ses of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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CAUSE TION is

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCI 7 1935	July 5,1927	Peritonitis	3 days ago	
BURBAUT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

LETTER	FROM	DR.	CE FOR FURTH	ER STATEMEN 10/19/35	changing	cian	of	deceased.
- L.S.								
- 1	. 3/4							

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				<u> </u>		
County Anne	Arund	lel			ation Dist. No. 2.	L
Village or City Annap	olis			No. 167 Gloucester	St.,	2 Ward
		. 5		death occurred in a horpital or institution, give its!		
Length of residence in city or tow				22 ds. How long in U.S. if of foreign birt	h?yrs	mosds.
2. FULL NAME SUSI			N JOHNSON	N		
(a) Residence: No. 167	Glouc	ester		St., 2 Ward. WITHIR CORPO	RATE LIM TROP	
		(Usual place		MEDICAL CERTIFIC	esident give city or town a	
PERSONAL AND STA				21. DATE OF DEATH	ATE OF DEATH	
female white			RIFD, WIDOWED, D (write the word)	Septem (Month)	ber 9	, 193 <b>5</b>
oa. If married, widowed, or divorced					(Day)	(1601)
HUSBAND of (or) WIFE of				(21 011 41	TIFY. That I attende	ed deceased from
				CAT	· defrance	19.3.5
5. DATE OF BIRTH (month, day, and year			.877	i last saw h alive on	0 D	S.; death is said
7. AGE Years M	onths	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, at  The PRINCIPAL CAUSE OF DEATH and relate	od causes of Importance	
57	8	22	ormin.	were es follows:	a causes of importance	Date of onset
8. Trade, profession, or perticular kind of work done, as SPIN	NER,	2000		O tito	1	along
kind of work done, as SPIN SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MII SAW MILL, BANK, etc		ione		ocareles rele	us	1920
work was done, as SILK MII SAW MILL, BANK, etc	LL,				,	
10. Date deceased last worked at		11. Total t	ime (years)			
this occupation (month end year)			ntin this upation			N. D
12. BIRTHPLACE (city or town) Ann	anoli	ls.		Other Contributory Causes of Importance:	reardites	- 107
(State or country)		land.		The state of the s	The state of the s	2000.000
13. NAME William J	ohnso	n.				
13. NAME William J		polis		Name of operation	Date of	
(State or country)		Maryla		What test confirmed diagnosis?	Was there a	n au'opsy?
15. MAIDEN NAME MARY	E. Sm	nith,		23. If death was due to external causes (VIOLE)		
15. MAIDEN NAME MARY  16. BIRTHPLACE (city or town)	Anna	apolis,		Accident, sulcide, or homicide?		
(State or country)		Maryla		Where did injury occur?		
17. INFORMANT Mrs. Geor				Specify whether injury occurred in INDUSTRY	city or town, county and S, in HOME, or in PUBLIC	itale) PLACE.
(Address) 167 Gloud		r St.,	Annapoli	B, Md.		
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis.		Date Sept	12,19 35	Manner of injury		
19. UNDERTAKER John M. I	aylon Mar	yland.		24. Wes disease or injury in any way related to		~ M ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 M 0 0
20. FILED 9- 11 19 35	. 1	an .	610	(Signed) Waller 141	toflames	

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Example I	Ti I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Francisco de la Companya del Companya de la Companya del Companya de la Companya	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE	OF	MARVI	AND-	-CERTIFI	CA'	TF	OF	DEATH
SIAIL	UF	WARIL	AND	CLIVIII		l Jan		DLAII

9588

1. PLACE OF DEATH			94-6
County Anne Aryndel	,		Registration Dist. No.
Village or City Annapoli		(lf	Nat U.S.S. WYOMING St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
			World Wen
(a) Residence: No. U.S.S.			St. Werd. Annapolis Maryland.  If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White		RIED. WIDOWED, D (write the word)	21. DATE OF DEATH September 4th (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	ngle		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	February 2	6,1892	I lest saw h_1M_ elive on_4 September, 1935; death is said
7. AGE Years Months	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at 6:30 m. A. M.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	U.S. Navy	r time (years) int in this upation 16	Myocarditis, acute Unknown Coronary thrombosis 4 Sept.1935
Inkno			Other Contributory Causes of Importance: Old myocardial infarction Unknown
13. NAME Unkno	wn		
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (Stete or country)	nown		Name of operation None Date of — — — What test confirmed diagnosis inical & Autopswas there an autopsy? Yes
15. MAIDEN NAME UNKO  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. WOODS. (Address)  19. Hospital	mown Captain (M	C) USN	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL ST National Cemetery, For	ipped to A	rlington	Manner of injury
19. UNDERTAKER B.L. HOPPIN (Address) 170 West St.  20. FILED 9 6 , 1935	G, Annapolis	Md.	24. Was disease or injury in eny wey related to occupation of deceased? No.  If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S	13			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	5. \\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Spataneous Fracture of Sower end I right Flower	
while in XI Ray examination showed almost total destruction	
Toll may be of night famous - secondary inspecting	
level and has walked without autil short time	,
velue Fractive occurred.	

Date of enset

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

-84)				4
	Registration	Dist.	No	N

I HEREBY CERTIFY. That I attended deceased from

September 18, 19 35, to Sept. 24th, 19 35

September 24th

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Exhaustion due to manic de-

insanity

Hast saw her alive on Sept. 24th

to have occurred on the date stated above, at

Where did Injury occur?\_\_\_\_\_

Anne Arundel County. Crownsville State HospitalNo. Village or City\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence In city or town where death occurred yrs mos 6 ds. How long In U.S. if of foreign birth? yrs mos ds.

Elizabeth Knight 2. FULL NAME

Baltimore, Maryland

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS

21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, female OR DIVORCED (write the word) black separated 5a. If married, widowed, or divorced

HUSBAND of Unknown (or) WIFE of

1881 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Davs 54 1 day .....hrs. Unkno

or\_\_\_\_min. 8. Trade, profession, or particular

OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL

SAW MILL, BANK, etc .... 10. Date deceased last worked at this occupation (month and

12. BIRTHPLACE (city or town)

(State or country)

Maryland

11. Total time (years)

spent in this occupation ....

Richard Loveday 13 NAME

Baltimore. Maryland Name of operation. 14. BIRTHPLACE (city or town) (State or country)

Josephine Guest 15. MAIDEN NAME

16. BIRTHPLACE (city or town) Maryland (State or country)

Hospital Records 17. INFORMANT. Crownsville. Maryland

Registrar.

Manner of injury Neture of injury

Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

What test confirmed diagnosis? ————— Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19

24. Was diseese or injury in any way related to occupation of If so, specify

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING FOR RESERVED SGIN OCCUPA-

of

statement PHYSICIAN

Exact

may

supplied

OF

CAUSE

LION

FATHER

MOTHER

should

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 7 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BOREAU V. S.	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

M

STATE OF M	ARYLAND-C	ERTIFICATE	OF	DEATH
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0	1	0	1
V	U	9	1

1. PLACE OF DEATH			93-0		
County Anne Arus	ndel			Registration Dis	st. No. 21
Village or City Annapoli	-/	2 (lí	No. Emergency  death occurred in a hospital or institution ds How long in U.S. if of	Hospital	St., Wa
2. FULL NAME ANDREW	T.AMB	THE THE PERSON	Midalu.		
(a) Residence: No. 11 W.			St., Ward. E	astport,	Md. e city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE C	
3. SEX 4. COLOR OR RACE white	5. StNGLE, MARI OR DIVORCEI Marri	RIED, WIDOWED, O (write the word) ed	21. DATE OF DEATH Sept	ember (Month)	13 , t93 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C.	Lamb			CERTIFY.	That I attended deceased for 13-192, 19 3
6. DATE OF BIRTH (month, day, and year) M. 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) M. 7. AGE 4	Days 8	If LESS than t day,hrs.	I last saw h alive on alive on to have occurred on the date stated.  The PRINCIPAL CAUSE OF DEAT were as follows:	/	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	sper	me (years) It in this pation	acute Reliter		I Judd
t2. BtRTHPLÁCE (city or town)	napolis	Md.	Other Contributory Causes of Impor	rtance:	nefer
E t3. NAME Andrew Lam	b	Pater 1	W. V. W. W. V. C.		
I	Md.		Name of operation What test confirmed diagnosis?		),
ts. MAIDEN NAME U	nknown		23. If death was due to external caus		
E t5. MAIDEN NAME U 16. BIRTHPLACE (city or town) (State or country)	11		Accident, suicide, or homicide?  Where did injury occur?	Dat	e of injury, 19
t7. INFORMANT Allen Lamb (Address) Eastport	Md.		Specify whether injury occurred in	INDUSTRY, In HOME	wn, county and State) , or in PUBLIC PLACE.
ts. Burial, CREMATION, OR REMOVAL Place Annapolis, Md.		. 16,1935	Manner of injury		
St. Anne's Ce 19. UNDERTAKER John M. Tay. (Address) Annanolis			24. Was disease or injury in any wa	ay related to occupation	on of deceased? M
20. FILED 9/5- , 1935	JAM W	PRegistrar.	(Signed) (Address)	aung	Sasil M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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BUREAU V. S.	\ :		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. D

STATE OF MARYLAND—CERTIF

(If death occurred in a

21. DATE

I last saw h\_\_\_

to have occurred

The PRINCIPAL

22.

If LESS than

1 day, \_\_\_\_hrs.

or\_\_\_\_min.

spent in this occupation \_\_\_\_\_

CATE	OF DEA	TH	9592
210-10	Registration	Dist. No	21
	ntion, give its NAMI		and number)
 _Ward.	Balter	nore	mi
EDICAL C	ERTIFICATE	OF DEAT	Н
F DEATH	Suf (Month)	29 (Day)	, 193 (Year)
	CERTIF	Y, That I atte	nded deceased from
on the date state	ad above, at full	m/.	; death is said
( x )	lemmor	aghe	Oate of onest

secident'	
ther Coutributory Causes of importance:	
fear on collison with another automobile on Brain	
another automobile on train	140

Name of operation\_\_\_ What test confirmed diagnosis?\_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homlcide?

Whera did injury occur?. (Specify city or town, county and State) INDOSTRY, in HDME of in PUBLIC PLACE

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, spacify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting P

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PEROFAC	נו		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCI 7 1953	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	E PLAIALY, WITH UNFADING INK-THIS IS A PERMANENT REUAD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
	VT REC AD.	LY. PHYSI	. Exact sta	
BINDING	PERMANE	EXACT	rly classified	ate.
FOR	S IS A	stated	prope	certific
RGIN RESERVED FOR BINDING	ADING INK-THE	ed. AGE should be	is, so that it may be	s very important. See instructions on back of certificate.
R	LY, WITH UNF	carefully suppli-	TH in plain term	portant. See inst
	E PLAE	should be	OF DEA	s very im

mation SCAUSE -WRIT

1	L PLACE OF DEAT	TH C	i wan	- ILAND	(83)	JUL	
County Anne Arundel					Registration Dist. No. 4		
	Village or City				St.,  Geath occurred in a hospital or institution, give its NAME instead of street and not also dead of street and not be		
1	(a) Residence: No.				yland Ward.  If nonresident give city or town and S		
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	State	
3,	SEX 4. COLOR	R OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH September 4th (Month) (Oay)	193 <b>5</b>	
5a.	If married, widowed, or divor HUSBANO of (or) WIFE of	Unkno	wn		22. I HEREBY CERTIFY, That I attended d April 5th 19 35, to Sept. 4	leceased from	
6.	DATE OF BIRTH (month, day	end year)	1871?		last saw h im aliva on Sept. 4th 19 35	; death is said	
	AGE Years 64 ?	Months Unkn	Days OWN	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 10:55 A.M.		
OCCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in	es SPINNER, PER, etc which	Farme	r	General Paralysis of the Insa	ne	
CUP	work was done, as S SAW MILL, BANK, e	ILK MILL, tc					
Ö	10. Data deceased last work this occupation (monyear)	th and	SDE	time (years) ent in this ==== upation			
12	BIRTHPLACE (city or town) (State or country)	Mary	rland		Other Contributory Canses of Importanca:	?	
ER	13. NAME Sine	gleton,	dead				
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)Me	ryland		Name of operation Date of What test confirmed diagnosis? Was there an an		
15. MAIDEN NAME Celia Woodward, dead 16. BIRTHPLACE (city or town) Maryland					23. If death was due to external causes (VIOLENCE) fill in elso tha following:  Accident, suicide, or homicide?  Date of Injury.	:	
Stete or country)   17. INFORMANT   Hospital Records   Crownsville, Maryland					Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR JEMOVAL PROCE ALLE Date 9-8-3 5, 19					Manner of Injury	•	
19. UNDERTAKERAY & Kaesle (Address) Laurel md.					24. Was disease or injury in any way related to occupation of deceased.	Z M. D.	
20	FILED 7	2 160	-T. 70	Registrar.	(Address) Crownsville, Maryla		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
001.7 1000 :			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3595
1. PLACE OF DEATH	2,2/
County CC.	Registration Dist. No.
Village or City - Jessey	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  A. ds. How long In U.S. If of foreign birth? yrs mos ds.
Length of residence in city of town where death occurred.	
2. FULL NAME TVALLING 12 - VVCE VVC	Auruf U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVOICED (write the word)	21. DATE OF DEATH  (Month)  (Par)  (Year)
5a. If married widowed, or divorced	
(or) WIFE of The T. Weller	22. ALL HERITAY SERTIFY, Ind. 1 attended deceased from
6. DATE OF BIRTH (month, day, end year) Jan-30 1866	I last saw h. alive on Set 9 1 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
69 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Colored Colored Color
work was done, as SILK MILL, SAW MILL, BANK, etc.	1/3/1/2 Neca / Lux / 3/3//20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	13730
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	differ the the thirty
(State or country)	7 7
13. NAME Shark Device 14. BIRTHPLACE (city or town)	10 y parecular
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAMEEU ALT BUTTON 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State on coulty)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John a. We Want	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	••••••
Place Date 1/2/35	Manner of Injury
Trace Date 1, 19	Neture of injury.
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
John 11 25 Volence W. Honolack	(Signed) M. D.
20. FILED 1903 Laure Construction 1903 Registrar.	(Address) Savage Lut.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MISSAU V.	ال		
Other contributory causes of importance:		Other contributory causes of importance:	4 48
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

B.-WRITE

TION is very important. See instructions on back of certificate.

Every item of infor-

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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3	.)	14	12
de	0	~	W

County Willage or City Or Land Coursed The Course of St., (If death occurred in a horpital or institution, give its NAME instead of street and n Length of residence in city of town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY, That I attended of the course of the cours	
Village or City of the City of the Color of the Color of the City	/ ,
2. FULL NAME  (a) Residence: No. Schallan Ready beest, y Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  1. HEREBY CERTIFY, That I attended of the service of the servic	Ward number)
(a) Residence: No. Charles Ready Case, Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY, That I attended of the state of	osds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)  5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of  1. HEREBY CERTIFY, That I attended of	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  4. COLOR OR RACE OR DIVORCED (write the word)  5 S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5 Lingle  1. DATE OF DEATH (Month) (Day)  22. I HEREBY CERTIFY, That I attended of	State
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  OR DIVORCED (vortice the word)  September (Month) (Day)  22. I HEREBY CERTIFY. That I attended of	
(or) WIFE of	, 193 (Year)
(01) WITE 01	deceased from
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm.	
17 — T 9 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of ouset
S. Hade, profession, to particular the state of the Skuts	
work was done, as SILK MILL, SAW MILL, BANK, etc.	- fg-en-
10. Date deceased last worked at 11. Total time (years)	17 Mars
o this occupation (month and spant in this occupation spant in the spant in this occupation spant in the spant in this oc	esaru
12. BIRTHPLACE (city or town) Washington D.C.  Differ Contributor Causes of importance:  State or country)  Differ Contributor Causes of importance:  State or country)	chags
13. NAME As eclart & Mewbury Cause automobile	
13. NAME Howbury Church Cultomobile 14. BIRTHPLACE (city or town)  Name of operation accordant Date of	
What test confirmed diagnosis? Was there an au	autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  Date of injury Accident, suicide or homicide  Control of the country Accident or town and the country accident or town accident or town and the country accident or town	:
O 16. BIRTHPLACE (city or town) Date of injury A Date of injury A	7,19.3.5
(State or country)  Where did injury occur? South River Bridge Q. Q.  (Specify city or town, county and State	1.CoMa
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAN (Address) ) 105 Challent Rd. CC and	ACE.
18. BURIAL, CREMATION, OR REMOVAL- Place bester fruit put Date Sept 11, 1938 Manner of injury functioned Strule	lant
19. UNDERTAKER 2. 1. 1. 1. 1. 1. 24. Was disease or injury in any way related to occupation of deceased?  (Address) 2.901 4. 5.4444 4. C. 11-60, specify 12. 2.4444 4. C. 11-60, specify 12. 2	8.70
20. FILED 9 8 ,1935 Minply (Signed) acting evione of	M. Q.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage OCT 7 1933	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	----------------	------------	----	-----------

V. S. No. 1

# OR BINDING

PHYSICIANS should state RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. -WRITE PLA

CTATE	OF	MADVI	AND CEDTICICATE OF DEATH
SIAIL	Ur	MARYL	AND—CERTIFICATE OF DEATH

1	. PLACE OF DEA	TH			210-9			
	County Anne	rundel			Registration Dist. No. 27			
	Village or City	ort Georg	e . Mead	e ld	No. Station Hospital St., Ward deeth occurred in a hospital or institution, give its NAME instead of street end number)  ds. How long in U.S. if of foreign birth? vrs. mos. ds.			
	Langth of recidence in a	ity or town where	dooth convered 8	(If	deeth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.			
	2			yis,iiios	If U.S. Veteran specify WAR.			
	(a) Residence: No.			ndo Md				
	(a) Residence: No	1010 000	(Usual place	of ebode)	St., Ward.  If nonresident give city or town and State			
8.000	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.		OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 4 1935			
_		nite	Single		(Month) (Day) (Yaar)			
5e.	If marriad, widowad, or diventional HUSBAND of (or) WIFE of	orced			22 died without medical attention. 19. 19.			
6.	DATE OF BIRTH (month, da	v and year) TO	v. 20. 19	02	I last saw h aliva on 19; death is said			
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2:00 Am Sept. 4, 1935.			
	32	2	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importence were as follows:			
z	8. Trade, profession, or p kind of work done, SAWYER, BDDKKE	articular as SPINNER	- 7 7 *					
OCCUPATION					Crushing injury to body and 9/3/35			
UPA	9 Industry or businass in work was dona, as SAW MILL, BANK,	SILK MILL, 66	th Inf.,U	S rmv	abdominal hemorrhage. Cause un-			
S		and the same of		ima (vaara)	- determined.			
0	this occupation (mo	enthand 1935	spa octi	nt in this 14				
12	BIRTHPLACE (city or town)	Wimmi	tigossis		Dthar Coutributory Causes of importance:			
16.	(State or country)		nada		Rupture of live r,spleen,left			
ER	13. NAME	Unleno	wn					
FATHER	14. BIRTHPLACE (city or to	own)(ı			kidney, fracture of 8-9-10-11, ribs, left, 9-10, right.			
_	(Stata or country)				What test confirmad diagnosis?			
MOTHER	15. MAIDEN NAME	Unlano	wn		23. If deeth was due to external causes (VIOLENCE) fill in also the following:			
IOI	16. BIRTHPLACE (city or to	own)			Accident, suicida, or homicide? Accidental Bate of injury 9/3 , 1935			
2	(State or country)				Where did injury occur? In vicinity of Ft Mende, IId.			
17	INFORMANT				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
18	(Addrass)	REMOVAL			In vicinity of Ft. Meade, Md.  Manner of Injury Probably run over by automobile.			
18. BURIAL, CREMATION, OR REMOVAL Placa					Nature of injury See diagnosis, above,			
19	UNDERTAKER RODEL  (Address)	rt Brooks Baltimore	, c son		24. Was disease or injury in eny way related to occupation of deceased? No.			
		-			(Signed) H. HUE, Major, M.C. M.D.			
20	FILED SEPT. 2.	19	Excema	Registrar.	(Addrass) Fort George G. Lade, Id.			

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Gallstones	May 1,1923	Gastroenteritis	1 year

About midnight September 3-4,1935, this man was picked up a sa"drunk" by two civilians and brought to the Fort Meade Guardhouse. He, Nickaluck, was taken to his barracks and put to bed. At 6:30 AM, Reptember 4, 1935, he was found dead on his bunk. Death had occurred 3 or 4 hours previously. Autopsy findings as given on other side. He was not seen by a Medical Officer.

TION is very important.

-WRITE PLA

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0	Pine	0	LA
J	0	J	6

:	1. PLACE OF	F DEAT	Ή				
	County	Anne	Arundel			Registration Dist. No. 27	
				G. Mead	(If	No. Station Hospital St., death occurred in a horpital or institution, give its NAME instead of street and it.	number)
1:	2. FULL NAI	ME Ja	mes J. (	) Donnell		Veteran of World War	
ì	(a) Residen	ce: No.B-	35,Fort	George G	. Meade, M	d • St., Ward. ————————————————————————————————————	State
STATE	PERSON	AL AND	STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
]	sex Male	Whi			RIED. WIDOWED, D (write the word) ed	21. DATE OF DEATH September 10 (Month) (Day)	, 193 5 (Yaar)
5a.	If married, widow HUSBAND of			D'Donnell		22. I HEREBY CERTIFY, That I attended Sept. 9, 1935 to Sept. 10,	1935
6.	DATE OF BIRTH (	month, day,	and year) Fel	bruary 21	, 1890	Hast saw himalive on_September 10,,19 35	_; death is said
7.	AGE Yea 45		Months 6	Days 20	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at .5.40. pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	9 Industry or work was SAW MIL	business in s done, as SI L, BANK, et ed last work pation (moni	ted at the and 193!	th Inf.(L	T) ime (years) nt in this 18 upation 18	Gastroenteritis, acute, catarrhal.  Other Contributory Causes of importance:	Sept. 6,1935.
_	(Stata or cour		P	A. •		Cirrhosis of Liver.	-
FATHER	14. BIRTHPLACE (State or	(city or tow country)	vn)U1	nknown		Name of operation Date of What test confirmed diagnosis? Was there an a	autopsy? Yes
JER.	15. MAIDEN NA	ME [	Jnknown			23. If death was due to external causes (VIOLENCE) fill in also the following	g:
MOTHER 12	16. BIRTHPLACE (Stata or		vn) Unl	anown		Accident, suicide, or homicide?	te)
18	(Address) BURIAL, CREMAT Place 1			Sept	• 13 <sub>,19</sub> 35	Manner of injury	
19	. UNDERTAKER (Address)		rt Brook ltimore.			24. Was disease or injury in any way related to occupation of deceased?  If so, specify	7
20	FILED Sep	1.12,19	C.F.	Freem	Registrar.	(Signed) C.E.FREEMAN, Col. (Address) Fort George G. Leade, Lo	

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 1 Ko 1 . 1 d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 2.

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10.—The month and year the deceased last worked at the occupation.

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of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset
Chronic interstitial nephritis 1921 Run over by street car	
	1 week ago
Cerebral hemorrhage July 5,1927 Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance: Other contributory causes of importance:	٠.
Gallstones May 1,1928 Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9500
1. PLACE OF DEATH	(97)
County Chris Conndel	Registration Dist. No.
Village or City Whitness Sanding	No. 201 # 7 8 St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME TRINGS Grancis dringly	If U.S. Veteran epecify WAR.
(a) Residence No. Whitesay Sunting (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale white S. SINGLE, MARRIED, WIDOWED, OF WORKED Currie He word)	21. DATE OF DEATH  26  (Month)  (Day)  (Year)
5a. If married, widowed; or divorced HUSBAND of	
(or) WHEN Hose dungley	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Oct. 23/3/8/8	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 11. P. m.
66 11 4 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER.	Combolism (:) with
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Rummury Edlina 1190.
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)	(dead on arrival)
12. BIRTHPLACE (city or town) Somedimes, Photodoland	Other Contributory Causes of Importance:
(State or country)	A
13. NAME Unknown  14. BIRTHPLACE (city or town Workel, Mass.	Janualized Arthrischeris
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an eutopsy? Was there an eutopsy?
II .	23. If death was due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?, 19
17. INFORMAN DAS Hose dingley	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC, PLACE.
(Address)	An Allangua mo
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury / / / / / WWW The fall W
Place Sept 30/35 Malto Cuneter	Notuce of injury 3
19. UNDERTAKER APPO Soafe	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) 1217 St Paul St	Heo, specify In Inch
20. FILED 1- 29 19 3 5 4 10 10 10 10 10 10 10 10 10 10 10 10 10	(Signed) (Address) Octing Corone Hound Bay
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERPAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9600
1. PLACE OF DEATH	<b>3</b>
County announced Co-	Registration Dist, No.
Village or City annagores ma	death occurred in a hospital or institution, give us NAME instead of street and numbers
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Baby Rance	elall.
(a) Residence: No. Chanely 10 C	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH Seffender 2/ 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) 9-21-35	I last saw h Andrew State 1995; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
O O O I I day O hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Still Down
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and)  11. Total time (years)	
1D. Date deceased last worked at this occupation (month and present in this occupation occupation occupation	
12. BIRTHPLACE (city or town) annapolis / Md. (State or country)	Dike Contributory Causes of importance!  Twhatlef Lator William
13. NAME Cepa Randall	· Greich Prantotius
13. NAME CON Mandall  14. BIRTHPLACE (city or town) Charless D. C.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / felen Rawlings	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME / Felan Rawlings 16. BIRTHPLACE (city or town) Change & C.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Cleft - Randall - Coma (Address) Po Chancy Calvert Coma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place FIVE/Hashyr Com Date 7 ' 2 7 1935	Nature of injury
19. UNDERTAKER & ST B Parkers (Address) 47 Washington	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9 5 3, 19 3 5 JAMen St. Resistrar.	(Signed) Wallon H. Hoffburs M. D.  (Address) and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

		-		
	-			

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Chronic interstitial nephritis //8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
// Sect 61 42	181	New Year Street Street	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May ,1923	Gastroenteritis	1 year
	V		

V. S. No. 1 Ö should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9602
1. PLACE OF DEATH	(2/3-d)
County Q.a.	Registration Dist. No.
Village or City Selley on the Bay	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME loananga . San  (a) Residence: No.  (Usual place of abode)	St., Ward. Santafe M. Mef. ( )
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word) 5. Lif merried, widowed, or divorced	21. DATE OF DEATH Self 19-, 1935 (Nationth) (Day) (Year)
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, end year) 25- 7. AGE  Years  Months  Days  If LESS than  I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, sorting the company of the comp	22. HEREBY CERTIFY. That I attended deceased from Defot. 20 1938., to Staff. 20 1938; death Is said to have occurred on the date stated above, et BP. m. left. 1974. 35 The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of onset  Date of onset  The looky work praked up: thath dust  to accidental drawning.  Other Contributory Causes of Importance:  Deceased drappleased from the Norfolk.
13. NAME Unfrancese  14. BIRTHPLACE (city or town) (State or country)  Unfrancese	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Office States	23. If daath was dua to extential causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT (Address) Washington 12 Carlos 18. BURIAL, CREMATION, OR REMOVAL  Place Carsleff 11 Mex. Date Sept 2/ 13 <sup>35</sup>	Specify whether injury occurred in MIDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Manner of injury
19. UNDERTAKER 19 4 24 0/2/2019	Nature of Injury 24. Was disease or Injury in any wey releted to occupation of deceased?

If more Manks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1. (OVEY

(Signed)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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made soudent of De	Lest- 4	Busin Burk	reus as that	. Allegages

N. B.—WRITE PLA

V. S. No. 1

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Z	pe	1	TION is very important. See instructions on back of certificate.
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H	On	S	7
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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	VRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- ition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

		F MAR	YLAND-	CERTIFICAT	E OF DEA	TH	3603
1. PLACE OF DEA	-			AK:	m		3
County					Registration	Dist. 110	1
Village or City	Annapoli	8		No. Emerger death occurred in a hospital or	ey Hospit	al st.,	Ward
Length of residence in	city or town where de	ath occurred		ds. How long in U.			mosds.
2. FULL NAME			· ·		WITHIR CORPOR	ATE	
(a) Residence: No.			•	St., Ward.	Washingt If nonresident	on, D. C	and State
PERSONAL A	ND STATISTIC	CAL PART	ICULARS	MEDICA	L CERTIFICATE	OF DEATH	
	or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	Sept.	2 (Day)	, 193 <b>5</b> (Year)
5a. If married, widowed, or di HUSBAND of	vorced			V- 11			
(or) WIFE of		-		A THEORY OF THE RESIDENCE	EBY CERTIF		
6. DATE OF BIRTH (month, d		31.	1914	I last saw h alive			
7. AGE Years	Months	Devs	If LESS than	to have occurred on the dat		1000	, 00011113 3010
20	10	2	1 day,hrs.	The PRINCIPAL CAUSE OF were as follows:			
Note that the second of the se	nonth and	wart M	lotor Co. time (years) ent in this supation	skull-	auton	e of while	*
12. BIRTHPLACE (city or town (State or country)	Pennsyl	Lvania		Dther Contributary Causes	of Importance:		
13. NAME Fre	d Schartr	ne r					
13. NAME Fred  14. BIRTHPLACE (city or (State or country)		) e		Name of operation What test confirmed diagno			
15. MAIDEN NAMECH	ristina E	ritz		23. If death was due to exter			
15. MAIDEN NAMECH 16. BIRTHPLACE (city or (State or country)	Euror			Accident, suicide, or homici	Jesuse Hi	Date of injury 7	2 , 19 3 J
17, INFORMANT Mr. (Address) 323	Fred Scha H St., N.	E. Wa	sh., D.C.	Specify whether injury occu	irred in INDÚSTRY, in HI	OME, or in PUBLIC	PLACE,
18. BURIAL, CREMATION, OR Place Wash	glore WC	Date Seft	23 38	Menner of injury			
19. UNDERTAKER (3)	Told sports	plo	23	24. Was disease or injury in	eny way related to occup	nation of deceased?	IP
20. FILED 7 = 3	,19.35	1 19h	Registrar.	(Signed) (Address)	mes	lis Ju	a man

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT of The	July 5,1927	Peritonitis	3 days ago
	PEDEAU V. S.			
Other contributory d	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	KGIN	RGIN RESERVED FOR BINDING	בן ת	C FC	BINDING	
-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RE	UNFADI	NG INK-T	SI SIE	AP	ERMANENT	RE
mation should be carefully supplied. AGE should be stated EXACTLY. I	supplied.	AGE should	be st	ated	EXACTLY.	-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa-	n terms, so	that it may	be pr	operl	y classified. I	Exa
TION is very important. See instructions on back of certificate.	ee instructi	ions on back	of cer	tifica	te.	

B ż

V. S. No. 1

19. UNDERTAKER

(Address)

HYSICIANS should state RD. Every item of infor-

ct statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Anne Arundel	Registration Dist. No. 27
	No. Station Hos nital St Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Henry Schoenberger  (a) Residence: No. 1721 E. Preston Street,  (Usual place of abode) Balt	St. Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White La rried	21. DATE OF DEATH September 13, 1935 (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Cathe rine Schoenberger	22. THEREBY CERTIFY, Just + extended deceased from died without medical attention. 19
6. DATE OF BIRTH (month, day, and year) Nov. 26, 1869.  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11:55Am, Sept. 13, 1935.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Sheet metal worker. SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, Gov t t Construction. SAW MILL, BANK, etc.  10. Date decaased last worked at this occupation (month and 935.	Coronary Thrombosis.
12. BIRTHPLACE (city or town) Baltimore, (State or country)	Other Contributory Causes of importance:  Arteriosclerosis, generalized,
13. NAME Nicholas Schoenberger	severe.
13. NAME Nicholas Schoenberger  14. BIRTHPLACE (city or town)  (State or country)  Germany	Nama of operation. Date of Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Henrietta (Unknown)  16. BIRTHPLACE (city or town)	23. if death was due to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)  (State or country)  Germany	Accident, sulcide, or homicide?
17. INFORMANT Catherine Schoenberger (Address) 1721 E. Preston Street, Balto, Id.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, 11d. Data Sept. 16 , 19 35	Manner of Injury

Registrar.

il so, specify

24. Was disease or injury In any way related to occupation of deceased?\_\_ P.G.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE	OF MARYL	AND-CERT	TIFICATE O	OF DEATH	
EATH	O	. 0	(23)		

9605

1	PLACE OF DEATH			(23)
	County Clinic	Un	endel	Registration Dist. No.
	Village or City Orcha	nd Be	each (	No. Storm Creek St., Ward (feath occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where d	eath occurred	yrsmos	
2	. FULL NAME / Molli	e / fe	elu !	Chumacher
	(a) Residence: No. Aans	(Usual place of	of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  Legotrubes 174  (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	mua	cher	22. I HEREBY CERTIFY, That I attended deceased from
6. I	DATE OF BIRTH (month, day, and year)	100.19	-1886	I last saw h_ Che elive on
7. /	AGE Yeers Months	Days 29	If LESS than 1 dey,hrs. ormin.	Weige as follows:
NO	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Couse	vife	Tuluonary Tubersulosus 190
OCCUPATION	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc			
220	10. Date deceased last worked at this occupation (month and year)	11. Total tin	me (years) nt in this pation	Other Contributory Causes of Importance:
	(State or country)	The	ld.	
ER	13. NAME Wiss. Heese	Res		
FATHER	14. BIRTHPLACE (city or town)			Name of operation Date of
1	(State or country)	rman	7	What test confirmed diagnosis? Wes there en au'opsy?
MOTHER	15. MAIDEN NAME / Le Ceca	. ?/		23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city or town)	ermae	y	Accident, suicide, or homicide?
17.	INFORMANT J. Ozchar (Address) Ozchar	ocechel	acl	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Ala Lawn	Date Ly	1 20,00	Manner of injury
19	UNDERTAKER Chas. Sci (Address) 3 cd	hwal to		24. Was disease or injury in eny way related to occupation of deceased?
10.	FILED Sept. 17,1935 0	7. C. a		(Signed)
			Registrar.	(mulcos/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7.	Example II	
The principal cause of death and related causes of importance were as follows: 7 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Corolinal homographics	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Ordenskam spread property special spread of the special spread o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER

(Address)

FOR BINDING

RGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9606
1. PLACE OF DEATH	23
County annarundel	Registration Dist. No. 2/2
Village or City District Train Sh	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs/3mos.  2. FULL NAME	Shepland 11 - De
(a) Residence: No. 4/9 - 4 (Usual place of abode)	St., Ward. If nonregizent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  September 2 nd, 193 5  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended declased from
6. DATE OF BIRTH (month, day, end yeer) afril 27, 1896	I last sew h allve on
7. AGE Years Months Deys If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, et
8. Vred Drofession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	John left v Rl. uppers 8/25/35
10. Date deceased last worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importance:    Contributory Causes of Importance:   6/3/35
13. NAME William Shaphard	
14. BIRTHPLACE (city or town). Cristal State or country)	Name of operation Date of What test confirmed diagnosis? X-R-y & Clare We there an eutopsy? LO
15. MAIDEN NAME In artha Dalton	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) North Sylle (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs martia Block (Address) 419-4451. S. S. D. C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Date 15, 1935	Manner of injury

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specif

(Signed)

(Address)

1.

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		183 81	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	gastraenterits	1 year
	1	A B	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County . A	Registration Dist. No.
Querlage of ety St Malgrelle.	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Colbert Smith	L
(a) Residence: No. Brownswork	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of lend Smith.	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sime 6, 1880	last saw halive ondeath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	apoplexy
12. BIRTHPLACE (city or town). Standard (State or country)	Other Contributory Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation East por Date of What rest confirmed diagnosis 1920 Was there an autopsy?
15. MAIDEN NAME Frather Smith	23. If death was due to external causes (VIOLENOE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  ACOUSTICE  TOWN  TO	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place An address, Date 19, 1931	Manner of Injury
19. UNDERTAKER 13 100 100 100 100 100 100 100 100 100	24. Was disease or injury in any way related to occupation of deceased?  H so, openity of the Milmshory of M. D.  (Signey) M. D.  (Address) Many and M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E CHARLES &	I I		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Ë

STATE OF MARYLAND	CERTIFICATE OF DEATH	608
1. PLACE OF DEATH	92	127
county $a - a - b$	Registration Dist. No.	1,1
		Wand
Village or City UNIL Of Mis //19	MoSt., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME John Walter Surith	If U.S. Veteran specify WAR	
(a) Residence: No. 57 Calvart SI-	St. Ward.	
(Usual place of abode)	St., Ward, Fig. 1 f nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	193 5 (Year)
5a. If married, widowed, or divorcad HUSBAND of		
(or) WIFE of	22.   HEREBY CERTIFY, That I ettended d	eceased from
V 1 20 .021	Sept. 19.35, to Sept 1	يور 19
6. DATE OF BIRTH (month, day, and year)	I last saw h Luc aliva on 19.35;	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9/ 1 / 1 las,mis.	were as follows:	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased last worked at this occupation (month end	Mitral monfficience	11-1-1
10. Data daceased last worked at this occupation (month end spant in this occupation occupation occupation	7-7	
TO PURPLIES ACT (1) AND CONTRACT CO	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) What was a country)		
13. NAME arlies Watt, Smith		
13. NAME AND Wath Smith  14. BIRTHPLACE (city or town) Calvert CO	Name of operation Deta of	
(State or country) MAd	What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Whown	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) anna anundel Co.	Accident, suicide, or homicide? Data of Injury	, 19
∑ (Stata or country)	Where did injury occur?	
17. INFORMANT Mrs Fran Smith Carroll (Address) STY Calvert	Specify city or town, county and State, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placa Parewertill Date SEM 14, 1935	Nature of injury	
19. UNDERTAKER & HB Parker	24. Was diseesa or injury in any way related to occupation of deceasad?	uo
The state of the s	II an about a management and a managemen	

Registrar. (Address) \_. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Etail 8
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County Registration Dist. No. 2  Village or City Slen Bournel, Ma No. No. St., (If death occurred in a horpital or institution, give its NAME instead of street and no Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME Saly Mary Smith  (a) Residence: No. St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	State  193 5 (Year)
Village or City Slen Burnel, Med No. The Note of the NAME instead of street and nu Length of residence in city or town where death occurred for mos ds. How long in U.S. if of foreign birth?  2. FULL NAME Bay Mary Smith  (a) Residence: No. St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  No. The Note of the No. St., Ward.  (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of residence in city or town mos ds. How long in U.S. if of foreign birth?  St., Ward.  (Usual place of abode)  MEDICAL CERTIFICATE OF DEATH	umber) sds. State  193_5 (Year)
Village or City Sleng Burnel, Mo. No. Morelly St., (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME Sand St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	umber) sds. State  193_5 (Year)
Length of residence in city or town where death occurred foreign birth?  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	State  193 5 (Year)
(a) Residence: No. St., Ward.  (Usual place of abode) St., Ward.  [If nonresident give city or town and St. MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH	193 5 (Year)
(Usual place of abode)  If nonresident give city or town and S  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	193 5 (Year)
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	193 5 (Year)
	193 5 (Year)
	193 5 (Year)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) September 24. (Month) (Day)	account from
5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTLEY. That Lattended di	
(or) WIFE of 22. I HEREBY CERTIFY, That I attended do	ecessan itom
6. DATE OF BIRTH (month, day, end year) 9/24/35   1 last saw h. 27 alive on 9/24/35,19	death is said
7. AGE Years   Months   Days   if LESS than to have occurred on the date stated above, at 10/5 2 m.	death is said
1 day, 1-4-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1/27/
< 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation V	
12. BIRTHPLACE (city or town) — The Coatributory Causes of importance:  (State or country)	
13. NAME William Shith  14. BIRTHPLACE (city or town) Balto Ind. Nama of operation. Data of.	
(State of country) What test confirmed diagnosis? Was there an au	topsy? Ty
15. MAIDEN NAME Marie Cordella 23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Practice Cordella 23. If death was due to external causas (VIOLENCE) fill in elso the following:  16. BIRTHPLACE (city or town) Ballo Industry Condent, suicide, or homicide? Date of injury.	, 19
(State of country) Where did injury occur?	
17. INFORMANT William Smith Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)	DE.
18. BURIAL, CREMATION, OR REMOVAL Themphy - marley Manner of injury	
Place Jamely Ometry Date Dept 25, 1935 Nature of injury	
19. UNDERTAKER from any way related to occupation of deceased?	hor
20. FILED Sept 24, 1921 Description (Signed) Harry M. Moore (Address) Address & Allen Byrnie &	2 M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
007 7 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	11		

mation :

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

WRegistrar.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH			(23)	
County Anne Arundel			Registration Dist. No	201
Village or City Jessup,	Md.		No. Maryland House of Correct	tion Ward
Length of residence in city or town where dee	th occurred		f death occurred in a hospital or institution, give its NAME instead of street and s	d number)
2. FULL NAME Linwood T	aylor		Not a Veteran	
(a) Residence: No. Pacamoke C	ity Rd.	Snow Hill,	Mdst., Ward.	10
PERSONAL AND STATISTIC			If nonresident give city or town at	nd State
	SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH September-3-1935.	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		T&LU	(Month) (Day)  22. 1 HEREBY CERTIFY, That I attende	(Year) ed deceased from
6. DATE OF BIRTH (month, day, and year) June	17th	1917	July-15-1935 , 19 , to Sept-3-1935 , 19   18st saw him alive on Sept-3-1935 , 19	35, 19
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 3 . 05. DM	, death is said
18 2	15	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Bilateral Pulmonary	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	armer		Tuberculosis	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  O Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and				
10. Date deceased last worked at this occupation (month end year)	sper	me (years) It in this pation		
12. BIRTHPLACE (city or town) Snow Hi (State or country) Worcester	11 Co. N	arvland.	Other Contributory Causes of importance:	
13. NAME TOM Taylor  14. BIRTHPLACE (city or town) U.J.K. (State or country)	Mown		Name of operation None Date of	370
15. MAIDEN NAME Martha	2,00	2	What test confirmed diagnosis?Sputum Was there an	
16. BIRTHPLACE (city or town) (State or country)	kuon	ou	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Stury St. 1. (Address)	Pruns	·	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Hung Hiel	Date Sef	219 ,1935	Manner of injury	
19. UNDERTAKER (Address)	arshi	all	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED SEP 9, 1939 101	ara M	Hashef Registrar.	(Signed) Harry S Hellery (Address) Jessin Ho	/M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy S	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0.1	RGIN RESERVED FOR BINDING	D FOR I	SINDING	(N
-WRITE PLANTY, WITH	UNFADING INK-TH	IIS IS A P	-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tem of infor-
mation should be carefully	supplied. AGE should	be stated	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	should state
CAUSE OF DEATH in plai	n terms, so that it may	be properly	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of occupa.
TION is very important. See instructions on back of certificate.	ee instructions on back	of certificat	e.	1

N. B.-WRITE

V. S. No. 1

1. PLACE			OF MIAK	LAND	ECERTIFICATE OF DEATH	512
County			indel Co	unty	Registration Dist. No. 1	
Village or Length of r	City	rownsvi]		yrs 1 mos	No. St., f death occurred in a horpital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?	umber)
2. FULL N		m				
(a) Resid	lence: No.	Balti	more Ci		St., Ward.  If nonresident give city or town and S	State
PERSC	NAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male		or or race Black	5. SINGLE, MAR OR DIVORCE Sing	RRIED, WIDOWED, (Write the word)	21. DATE OF DEATH September 14  (Month) (Oay)	193 5 (Year)
5a. If married, wid HUSBANO of	lowed, or div	orced				
(or) WIFE of					22. I HEREBY CERTIFY, That I attended decomposition April 13 1933 to Sept. 14	leceased from 19 35
6. DATE OF BIRT	H (month, da	ay, and year)			I last saw h im alive on _ Sept 14, 1935	; death is said
7. AGE	Years 32	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4:30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, pro	ofession, or p	particular	ţ	ormln.	were as follows: General Paralysis of	Oate of onset
SAWY	of work dona ER, BOOKKE	, as SPINNER, EPER, etc	Labo	rer	the insane	?
kind of SAWY  Industry of Work SAW I  10. Date dece	or business i was done, as MILL, BANK,	SILK MILL.				
- 1113 00	eased last wo	onth and	11. Total ( spa occ	time (years) ent in this upation		
12. BIRTHPLACE	(city or town	Marylan	nd		Other Contributory Causes of importance:	
(State or c	ountry)				Lues	?
13. NAME	James	s E. Taj	ylor			
13. NAME 14. BIRTHPLA		own) Maj	yland		Name of operation Oate of	
(State	or country)				What test confirmed diagnosis? Was there an ad	utopsy?
15. MAIOEN	NAME ]		rner		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN  16. BIRTHPLA			ryland		Accident, suicide, or homicide? Date of injury	19
- (State	HOST	pital Re	ecords		Where did injury occur? (Specify city or town, county and State	:)
17. INFORMANT _ (Address)		nsville			Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLA	.CE.
18. BURIAL, CREM	1 /2	removal wrum	Date Dep	t 17,19.85	Manner of Injury	
I9. UNOERTAKER (Address)	. 0	nos E	it was	Son	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED_S_LA	ITH.	19.9.1	E.7. Jo	yer.	(Signed)	M. D
	- 1		UN	Registrar.	(Address) Of Owing VILLE, Mid	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
5681 82 33			
Other contributory causes of importance:	W- 115	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
18/			
		1	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

plnods S statement PHYSICIAN classified certificate. stated may should on that instructions plain terms, earefully very important. DEATH pe plnods OF CAUSE mation NOIL

BINDING

RGIN RESERVED

1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence in city or town where deeth occurred If U. S. Veteran, specify WAR, (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Year) 5a. If merried, widowed, or divorced HUSBAND of That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) NEC 7. AGE Deys If LESS then Months to have occurred on the dete stated above, at, 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or ..... min. were as tollows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc.\_\_\_\_ 10. Date decessed lest worked at 11. Total time (yeers) spent in this this occupetion (month end yeer) \_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis?\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town)\_\_\_ (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Neture of injury 24. Wes disease or injury in eny way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED\_S Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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14	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1015 1921 July 5 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Fully 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9614
1. PLACE OF DEATH	<u> </u>
County , , ,	Registration Dist, No. 20
Village or City 2 de les ales	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. , How long in U.S. if of foreign birth?
2. FULL NAME STILL TOWN	Indant Wallace
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sebt 9th 1935	19
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
Hill born 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	CC /
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Carries of importance:
(State or country) (8) (1), afez / MM	el to
13. NAME CLAM CALLES  14. BIRTHPLACE (city or town) M  (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME MADE MADE TO THE STATE OF TH	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sold as the Markage (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL Jam. Sely 11/1/2, 35	Manner of injury
Place free Date Date P1, 19.3.5	Nature of Injury
19. UNDERTAKER Win fres Francischer (Address) Zd (EUn) gen hid	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Sept 11, 1925 learnie Juint.	(Signed) My 11 me Hay Es M. D/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	ì	E/A	rample 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of de of importance were as fol		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	0.000 OF	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	.8 V 11470.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	001 1 700	3 days ago
			95°L	
			1	21
Other contributory causes of importance:		Other contributory causes	of importance:	- Comment of
Gallstones	May 1,1923	Gastroenteritis	The distribution of the second	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC mation should be carefully supplied. AGE should be stated EXACTLY.
74

See instructions on back of certificate.

TION is very important.

(Address)

B.—WRITE PLA

ż

V. S. No. 1

state

HYSICIANS t statement

of OCCUPA. pluods

D. Every item of infor-

1. PLACE OF DEATH  County Anne Arundel Registration Dist. No.  Village or City Crownsville State Hospital  Langth of residence in city or town where death occurred yrs.  Langth of residence in city or town where death occurred yrs.  County Anne Arundel  St.,  (If death occurred in a hospital or institution, give its NAME instead of street and no death occurred yrs.  Mos. — ds. How long in U.S. If of foreign birth?  2. FULL NAME  Richard Watters  (a) Residence: No.  Baltimore Maryland St.,  (Usual place of abode)  If nonresident give city or town and St.	Ward umber) sds.
Village or City Crownsville State Hospital  (If death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. If of foreign birth?  2. FULL NAME Richard Watters	Ward umber) sds.
(If death occurred in a hospital or institution, give its NAME instead of street and no Langth of residance in city or town where death occurred	umber) sds.
	itate
(a) Residence: No. Baltimore Maryland St., Ward.  [Usual place of shock] If nonresident give city or town and state of shocks.	State
(O'UM) Pinco of modely	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX Market black   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Single   September 27th (Month) (Day)	193 <b>5</b> (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Sept. 23rd 19 35, to Sept. 27t.  6. DATE OF BIRTH (month, day, and year)  1910  22. I HEREBY CERTIFY, Thet I attended of Sept. 23rd 19 35, to Sept. 27t.	h, 19.35
7. AGE Years Months Days If LESS than 1 dey, hrs. or min.  25 Unknown or particular to have occurred on the date stated above, at . 6 . A m.  The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:  Exhaustion due to prolonged	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last workad et this occupation (month and spant in this	3 das
year) occupation	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Maryland Manic depressive - manic type (State or country)	?
13. NAME Unknown	
13. NAME	-
15. MAIDEN NAME Unknown 23. If death was due to external causas (VIOLENCE) fill in also the following	
Accidant, suicide, or homicide?	, 19

Hospital Records 17. INFDRMANT \_

18. BURIAL, CREMATION

19. UNDERTAKER (Address) 20. FILED

Natura of injury 24. Was disaasa or injury in any

If so, specis (Signad

Registrar.

Manner of injury

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 .a	8	
Other contributory causes of importance:	1 6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	13	8	

UNFADING INK-THIS IS A PERMANENT FOR BINDING RGIN RESERVED

1. PLACE OF DEATH		(u) a
County Anne Arunde	<u> </u>	Registration Dist. No. 21
Village or City Annapolis		No. 130 Conduit St. St., 2 Ward
Length of residence in city or town where deat	1 11 1	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MARY JANE		
(a) Residence: No. 130 Condu		2 WITHIN COND
(a) Residence: No. 100 Softwar	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  MAPPIED	21. DATE OF DEATH  September 14 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Daniel Weav	er	22. A I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jul	v 27. 1873	liast sawn 2 alive on Seff 1, 3 , 19 36; death is said
7. AGE Years Months	Days if LESS than	to have occurred on the date stated above, at
67 1	18   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER,		0 7 1 1 1 1 0 0 0 4
SAWYER, BOOKKEEPER, etc.	none	Thangulated ampleton 8-sep
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		Mental
10. Date deceased last worked at this occupation (month and	11. Total time (yeers) spant in this	un he break
year)	occupation	Other Contributory Causes of importance;
	polis,	
	aryland.	-
13. NAME John O. Mille 14. BIRTHPLACE (city or town) A.		
14. BIRTHPLACE (city or town) A. A. M. (State or country)	aryland.	Name of operation
		What test confirmed diagnosis?
Ξ Α Α	County,	Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town)	arvland	Where did injury occur?
17 INFORMANT Mr. Daniel W		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 130 Conduit S	t. Annapolis,	
18. BURIAL, CREMATION, OR REMOVAL-	Date Sebt. 16,9 3	Manner of Injury
St. Annes Cemet		Nature of injury.
19. UNDERTAKER John M. Tayl	or,	24. Was disease or injury in eny wey related to occupation of deceased?
(Address) Annapolis, M	Alm. of	if so, specify
20. FILED 4 15 , 1935	All Legistrar.	(Signed) (Address) (Address) (Address)
16	U V	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and a	Example II	
Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PROPERTY OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

h. Shyboking

RGIN RESERVED FOR BINDING

1. PLACE OF DEATH	IANTEAND		2 ()
County Anne Arundel		Registration Dist. No.	1
Length of residence in city or town where death occ	e State Hosp urred 6 yrs 1 mos Liams alias 3	itako. St., St., St., St., St., St., St., St.	
	Baltimore, A sualplace of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
male black OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Single	21. DATE OF DEATH September 9th (Month) (Day)	3 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That   attended dece July 31st 1929 to Sept. 9th	ased from
6. DATE OF BIRTH (month, day, and year) 190	4	I last saw h im elive on Sept. 9th 19 35; de	
	Days If LESS than 1 day,hrs.	uner as follows:	ite of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	aborer	General Paralysis of the Insan	₹ ?
year)	II. Total time (years) spent in this occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Virgini (State or country)		Lues	?
置 13. NAME Thomas Willia			
13. NAME Thomas William 14. BIRTHPLACE (city or town) North Care (State or country)	rolina	Name of operation Date of What test confirmed diagnosis? Was there en autop	osv?
Eloise (un.	known) dead	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Eloise (un.  16. BIRTHPLACE (city or town) North G. (State or country)	erolina	Accident, suicide, or homleide? Date of injury Where did injury occur?	, 19
17. INFORMANT Hospital Reco		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place COUNTS FULL Date	, 19	Manner of injury	
19. UNDERTAKER	Registrar.	24. Was disease or injury trany way elated to occupation of decaded?  If so, specify  (Signed)  (Address) Grownsville Maryland	

V. S. No. 1

B.—WRITE PLAINLY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

RGIN RESERVED FOR BINDING

STATE OF	MARYL	AND-	CERTI	FICAT	E OF	DEATH
----------	-------	------	-------	-------	------	-------

1. PLACE OF DEA	тн			WIT	MIN CORPO	DRATE LIMIT		
County Anne Arundel				(131)	Registration Dis	st. No. 21		
Village or City		3.	-	death occurred in a h		ution, give its NAME in		
2. FULL NAME				0		STANOSASO MI	H.LUK	
(a) Residence: No.	TO OUT	(Usual place of	of abode)	St., 2	Ward.	If nonresident giv	ve city or town an	d State
PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	ME	EDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married				21. DATE OF	DEATH	September (Month)	13	. 193 5 (Year)
5a. If married, widowed, or dive	ry E. W	indsor June 17	. 1859	22. I H Sept.	9 2	Y CERTIFY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d deceased from
7. AGE Years	Months	Days	If LESS than	A STATE OF THE PARTY OF THE PAR		ed above, at 11-30		
76	2	27	l day,hrs. ormin.	The PRINCIPAL C were as follows:	AUSE OF DEA	TH and related causes	of Importance	Date of onset
8. Trede, profession, or p kind of work done, SAWYER, BOOKKE	as SPINNER, EPER, etc	Carpente	r	Chu. ne	Lhut	,		auton
kind of work done, as SAWYER, BOOKKEI  Industry or business in work was done, as SAW MILL, BANK,  ID. Date decessed last wo	SILK MILL, Setc	tate Hou		Chr. M	yenr	ms.		unkeen
o this occupation (mo	onth and	span occu	t in this petion					
12. BIRTHPLACE (city or town) Dorchester County, (State or country) Maryland,			Other Contributory	Causes of imp	oortance;		mkn	
13. NAME	unknow	m						
13. NAME UNKNOWN  14. BIRTHPLACE (city or town) (State or country)				Name of operation Whet test confirme			Dete of.	autopsy? 74)
ដ 15. MAIDEN NAME	Elizabe	th Todd		23. If death was due	to externel ca	uses (VIOLENCE) fill I	n also the followle	ng:
15. MAIDEN NAME Elizabeth Todd  16. BIRTHPLACE (city or town) unknown (State or country)			Accident, suicide,		Da			
17. INFORMANT Mrs. (Address) Anna	Alice	Wagner,	daughter	Specify whether in	jury occurred	(Specify city or to in INDUSTRY, In HDMI		
18. BURIAL, Annapol	is, Md.	Date Sept	. 16, 19 35	Manner of Injury				
St. Mar  19. UNDERTAKER John  (Address) Anna	M. Tay	lor,		24. Was disease or	injury in any	wey related to occupati	on of deceased?	no
20. FILED 9.15	1935	Min	Jegistrar.	(Signed)	Seng (SS)	augus	iorel	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOECE 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year